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ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

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H. M. DAVIES.
M.A., M.R.C.S., L.R.C.P., D.P.H.,
ASSISTANT COUNTY MEDICAL OFFICER:
DEVON COUNTY COUNCIL.
MEDICAL OFFICER OF HEALTH:
ASHBURTON U.D.C.
DAWLISH U.D.C.
NEWTON ABBOT R.D.C.
NEWTON ABBOT U.D.C.

TELEPHONE No. 715/6

COUNCIL OFFICES,
KINGSTEIGNTON ROAD,
NEWTON ABBOT.

NEWTON ABBOT RURAL DISTRICT COUNCIL
ANNUAL REPORT - 1952.

Mr. Chairman and Councillors,

Madam and Gentlemen,

I present herewith my Annual Report for the year ending the 31st, December, 1952. The general state of the Public Health in the Rural District remains satisfactory, and the Vital Statistics for the District compare favourably with those for the Administrative County of Devon and for England and Wales as a whole. The death rate, especially after correction to allow for the fact that many older people live in retirement in this part of the country than live in the more populous industrial areas, is remarkably low. Another figure which remains very satisfactory is the death rate of infants under one year.

The number of cases of Infectious Diseases has fallen from seven hundred and fifty-six cases in 1951 to eighty-four cases for the year under review. This is due largely to the fact that Measles were notified on two occasions only as opposed to the six hundred odd cases in 1951. The only Infectious Disease which shows any appreciable increase is Scarlet Fever. This disease has for many years now become less and less dangerous and the increase of notification gives no cause for alarm.

A very close watch has been kept on the bacteriological purity of the very large number of different public water supplies in the Rural District. It is an extraordinarily difficult thing to keep a small supply at a high level of purity owing to the fact that it is not possible to supply

the expensive equipment or the constant supervision that is required to maintain a Water Supply at a constantly high level of bacteriological purity.

Further safeguards remain to be made in maintaining a pure water supply and I trust that the necessary money will be forthcoming.

I strongly recommend that all new supplies of water in the Rural District should be taken from one of the major water undertakings in the district and that every opportunity will be taken to do away with some of the smaller unsatisfactory water supplies in the area.

The arrangements for sewage disposal in the different parishes in this Rural District vary considerably in their efficiency. In most of the large parishes it is satisfactory. In some of the other parishes it is primitive. Many new and extremely expensive schemes will have to be undertaken within the next few years. Essential though this work is, I consider that the work on the water undertakings will, in general, have to be given priority as being a more important factor in the maintenance of the Public Health.

During the year several cases of bovine tuberculosis were reported in the Newton Abbot Urban and Rural Districts in children of less than 15 years of age. These infections were almost certainly derived from milk, most of which was produced in the Rural District. One cannot stress too strongly that tuberculosis derived from infected milk is avoidable, either by the elimination of cattle which are reactors to tuberculin or, alternatively by the heat treatment of milk to be used for human consumption. Both methods would be efficacious, and it is hoped that legislation will shortly be introduced to bring about this result.

Camping and caravaning is becoming increasingly popular and large numbers of people are coming into this Area during the summer to take holidays of this type. Many are unable to find licensed fields, which have adequate sanitary arrangements and water supplies, and are setting up camps in unlicensed fields in which the sanitary arrangements are very poor or even absent. In order to avoid recurring nuisances, it would seem essential that an increase in the number of licensed sites should be encouraged, even if their use is limited to two or three months in the year.

On two occasions the procedure of the National Assistance Acts, 1948 and 1951 had to be taken to effect the removal of

persons in need of care and attention. In other cases we were able to effect the removal without the need of using the powers provided under the Acts. Some very distressing cases were encountered during the year and considerable difficulty was experienced in obtaining accommodation for those in need of hospital facilities.

I should like to thank the Chairman, Councillors and all members of the staff for the help and co-operation received during the year.

I have the honour to be,

Your obedient Servant,

Medical Officer of Health.

7th. September, 1953.

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STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area (in acres)	92,650
Population Mid - 1952	25,380
Population 1951 Census	25,795
Rateable Value as at 1st. January, 1952 .....£.	143,044
Rateable Value as at 31st. December, 1952 .....£.	145,109
Product of 1d. rate (as at 1st. April, 1952) .....£.	570

VITAL STATISTICS

LIVE BIRTHS.

	Male.	Female.	Total.
Legitimate	152	139	291
Illegitimate	10	7	17
	162	146	308.

Crude Live Birth rate per 1000 total population	-	12.13
Corrected Live Birth rate per 1000 total population	-	13.36
Crude Live Birth rate per 1000 total population Administrative County of Devon	-	13.59
Corrected Live Birth rate per 1000 total population Administrative County of Devon	-	14.95
Live Birth rate per 1000 total population England and Wales	-	15.3

STILL BIRTHS.

	Male.	Female.	Total.
Legitimate	3	7	10
Illegitimate	1	-	1
	4	7	11.

Still Birth rate per 1000 total population	-	0.43
Still Birth rate per 1000 total live and still births	-	34.48.
Still Birth rate per 1000 total live and still births England and Wales	-	22.6

DEATHS.

The average age at death, from all causes, was found to be 68.19 years. It is of interest to note that the average age of all male deaths was 65.89 and for female deaths 70.61. This variance is much greater than is found in England and Wales as a whole where the average age for female deaths is only 2 years higher than that for males.

Male.	Female.	Total.
159	153	312.

Crude Death rate per 1000 total population	- 12.29
Corrected Death rate per 1000 total population	- 9.47
Crude Death rate per 1000 total population Administrative County of Devon.	- 13.59
Corrected Death rate per 1000 total population Administrative County of Devon	- 10.33
Death rate per 1000 total population England and Wales	- 11.3

Infant Mortality.

(Death of Infants under 1 year)

	Male.	Female.	Total.
Legitimate	2	4	6
Illegitimate	1	-	1
	3	4	7.

Infant Mortality rate (Death of Infants under one year) per 1000 related live births	- 22.73
Infant Mortality rate Administrative County of Devon	- 25.82
Corresponding rate for England and Wales	- 27.6

Neo-Natal Mortality.

(Death of Infants under 4 weeks)

	Male.	Female.	Total.
Legitimate	2	3	5.
Illegitimate	-	-	-

DEATHS. (contd.)

Neo-Natal Mortality rate (Death of Infants under four weeks) per 1000 related live births	-	16.24
Neo-Natal Mortality rate Administrative County of Devon	-	19.69
Corresponding rate for England and Wales	-	18.9

Maternal Mortality.

No maternal deaths have occurred during the past year. The Maternal Mortality rate for the Administrative County of Devon is 1.02, seven cases having occurred within the County.

AGE AT DEATH.

	Male.	Female.
Infants under 4 weeks	2	3
Infants under 1 year	1	-
1 -	1	-
5 -	3	1
15 -	3	2
25 -	6	3
45 -	35	28
65 -	41	42
75 and over	67	74
	159.	153.

Total: 312.

CAUSES OF DEATH.

	Male.	Female.
All causes	159	153
Tuberculosis - respiratory	5	2
Tuberculosis - other	2	-
Whooping Cough	-	1
Acute Poliomyelitis	-	1
c/fwd.	7	4

CAUSES OF DEATH. (contd.)

	Male.	Female.
b/fwd.	7	4
Malignant neoplasm stomach	8	4
Malignant neoplasm lung, bronchus	7	3
Malignant neoplasm breast	-	4
Malignant neoplasm uterus	-	4
Other malignant & lymphatic neoplasms	15	11
Leukaemia, aleukaemia	1	1
Diabetes	-	1
Vascular lesions of nervous system	17	30
Coronary disease, angina	19	14
Hypertension with heart disease	2	1
Other heart disease	28	32
Other circulatory disease	7	13
Pneumonia	9	2
Bronchitis	3	3
Other diseases of respiratory system	4	2
Ulcer of stomach and duodenum	3	2
Gastritis, enteritis and diarrhoea	2	1
Nephritis and nephrosis	3	2
Congenital malformations	-	1
Other defined and ill-defined diseases	10	15
Motor Vehicle Accidents	4	-
All other accidents	6	3
Suicide	4	-
	159.	153.

Total: 312.

INFECTIOUS DISEASES.

	Male.	Female.	Total.
Scarlet Fever	4	9	13
Whooping Cough	27	31	58
Measles	2	-	2
Acute Pneumonia	2	5	7
Poliomyelitis	-	2	2
Dysentery	-	1	1
Erysipelas	-	1	1
	35.	49.	84.

Total: 84.

TUBERCULOSIS.

Thirteen cases of pulmonary and five cases of non-pulmonary tuberculosis were notified during the year. Details are set out in the following table:

AGE PERIODS.	CASES.			
	Pulmonary		Non-pulmonary.	
	M.	F.	M.	F.
Infants under one year	-	-	-	-
1 -	-	-	-	-
5 -	-	-	1	-
15 -	1	3	2	-
25 -	2	3	1	-
45 -	2	1	-	-
65 -	1	-	1	-
75 and over	-	-	-	-
	6.	7.	5.	-

Total: 18.

HOUSING.

During the year under review sixty-four houses have been completed as shown in the table given below:-

Details as to Council houses erected:-

PARISH.	NUMBER OF HOUSES.
KINGSTEIGNTON	24
BOVEY TRACEY	12
KERSWELLS (Kingskerswell)	16
MORETONHAMPSTEAD	8
COFFINSWELL	4
	64.

Total: 64.

Private Enterprise.

During the year the number of Houses completed under the heading of private enterprise was thirty-one.

ACTION UNDER HOUSING ACTS.

Under the provisions of Section 11 of the Housing Act, 1936.

Eight Notices were served.
Four properties were re-conditioned according to Undertakings given.
The remainder are closed or awaiting removal of present tenants.

Under the provisions of Section 9 of the Housing Act,,1936.

One Notice was served.

HOUSING (contd.)

Housing Act, 1949.

No grants were made under the provisions of the Housing Act, 1949.